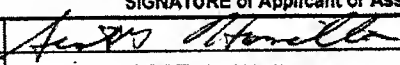


POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/585,013
	Filing Date		June 29, 2006
	First Named Inventor		Roberto ETCHENIQUE
	Title	PHOTOLABILE COMPOUNDS	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
Attorney Docket No.		19240.200 US2	

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
<input checked="" type="checkbox"/>	Practitioners associated with the Customer Number:		56949	
OR				
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number	Name	Registration Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
Please recognize or change the correspondence address for the above-identified application to:				
<input type="checkbox"/>	The address associated with the above-mentioned Customer Number:			
OR				
<input type="checkbox"/>	The address associated with Customer Number:			
OR				
<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State		Zip
Country		Telephone		Email
I am the:				
<input type="checkbox"/>	Applicant/Inventor.			
<input checked="" type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record				
Signature			Date	10/4/05
Name	SCOT G. HAMILTON		Telephone	212-854-6552
Title and Company	SENIOR DIRECTOR			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/>	*Total of <u>1</u> forms are submitted.			